TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please enove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and m any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	E OF DEATH	00737
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission)
Garrett	a. STATE Maryland b. COUNTY Ga:	rrett
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Uakland 2 mos. 1 das	Crellin //_/	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Garrett County Memorial Hospital	Box 4	YES ND X
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Robert Irwin	Ashby DEATH Jan.	21. 19 66
77 MARKED MEVER MARKED	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	
Male White WIDDWED DIVORCED	6/4/83 82 yrs. Worths	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
Retired Miner Coal		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Franklin Ashby	Rachel Oliver Harvey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	
	Dwight Ashby Crellin, Maryl	and
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ Orestin, Baryl	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (C) 2 8 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	ld 200	MISET AND DEATH
151X DUE TO A	7	Dr.
Conditions, If any, which	Stanioch	16660
gave rise to immediate	0	
underlying cause last.	010260	10/13
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
I CA		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT INTO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTR	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou bry, street, office bidg., etc.)	nty) (State)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	, 19 to , 19	_, that (I) (we) last
	t death occurred at 30 M, from the causes and on th	
22a. SIGNATURE	ATTENDING MED. STAFF	ATT SIGNED
22C. PHYSICIAN'S MICLIFICE M.D	D. PHYS. DIRECTOR PHYS.	11166
NAME (Type)	22d. ADDRESS	
	Oakland, Maryland	
REMOVAL (Specify)		
Burial 1/23/66 Terra Alta	Cemetery Terra Alta, W. V	
0 0 N no 1	1881 9 E 1000 BET. C.	de
Gerald 1. Munnich Oakland, Mary	Land DATEN 25 1956 June	undge.

VR AI5 (4) 2DM 1/65 THE REPORT OF THE PROPERTY OF

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FOR STATE HEALTH DEPT.

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O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay scessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED.

VR

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AI 5ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		00000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
Garrett MARYLAND	a. STATE b. COUNTY Ga:	rrett
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
	(2007) 21 0 6 1	/ /
(Rural) Swanton Years	(Rural) Rt. 2, Swanton //	- /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Lloyd Russell Ber	Last 4. DATE Month Of DEATH Jan. 16th.	Day Year 1966
	DATE OF BIRTH 19 AGE (In years LIFTINDER	
Male White WIDOWED DIVORCED E 5.	-2-1909 Jast birthday) Months 56 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Cl	TIZEN OF WHAT
Cutter Timber	Hoy West Virginia US	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Amos S. Bennett	May Pyles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unknown) (If yes nive war or dates of service)	s. Ethel Abe, Wiley Ford, W. V	aSister
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute cardiac decom	mpensation	ONSET AND DEATH Hours
IMMEDIATE CAUSE (e) ACU OS CATULAC GECON	iibeliga ototi	Hours
DUE TO DUE TO	243 2463 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 24 - 24	1.0217540
conditions, if any, which gave rise to immediate (b) Rheumatic endocardi	itis with calcification	
cause (a), stating the DUE TO		
undarlying cause last. (c) of mitral valve.		Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMED? YESX NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT REL	RRED. (Enter nature of injury in Part I or Part II of Itam 18.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, held	d an Autopsy 🕱 , Inspection 🕱 , Inquiry 🕱 ,	and in my opinion
death resulted from: Natural causes X, Accident , Suic	cide, Homicide, Undetermined manner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE Com (1. Senter)	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	DEPUTY MEDICAL EXAMINER X	-17-1966
RAMINIER'S James H. Feaster, Jr., M. D.	Address (Street, city, town, or county) Oakland	. Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
Burial (Specify) Jan. 20, 1966 Abe Cemeter		
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR! 25b. REGISTRAR!	S SIGNATURE
James F. Scarpelli, Cumberland, Md.		
Dames L. Doar herry, onmerranding.	DATEAN 21 1966 Jelianle	y judge

TO VOLUME TO THE PARTY OF THE P mymm (S. H. (Exm.) Midwilliam was work 21 of the Charles of the Committee and the Charles of the Charles THE SECOND STREET, STR · • 6 a 6, . DI , THE LEE . THE RESERVE OF THE PARTY OF THE

FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is accessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. retained for your lies.

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> VR AI5ME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

OF DEVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

II o Hellal Breibel			U & U .			
	CE (Where deceased lived,		lence before admission			
e. STATE		COUNTY	++			
O CITY OR TOWN (ary land					
C. CITT OR TOWN (I	1 outside corporete illin	ts, witte norme and	d Risa licalest four			
M	cHenry		11-1			
d. STREET ADDRESS			e. IS RESIDENC ON A FARM?			
1-4-			YES ND			
Last		Month	Day Year			
Rowman		8.	1966			
8. DATE OF BIRTH	19 ACE (In)	PARE LIFTINDED 1 VI	FAR HE LINDER 24 HR			
T 03			ys Hours Min.			
11. BIRTHPLACE (State or foreign country	12. CITIZ	ZEN OF WHAT			
Red Hou	DM AD					
1 14. MOTHER'S MAI	DEN NAME	1 002				
INFORMANT		Address				
nagnot Ro	uman MaHo	67.				
arkaret bu	WIIIan Mene		NTERVAL BETWEEN			
			onset and death udden			
1		S	udden			
Conditions, if eny, which DUE TO Arteriosclerosis, generalized						
			10 WAS AUTODOV			
ATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY			
ATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(a)	PERFORMED?			
			PERFORMED? YES NO			
	of Injury in Part I or Par		PERFORMED?			
			PERFORMED?			
URRED. (Enter nuture of	of Injury in Part I or Pai	rt II of Item 18.)	PERFORMED? YES NO.			
CURRED. (Enter nature o	of Injury in Part I or Pai	rt II of Item 18.)	PERFORMED? YES NO.			
URRED. (Enter nuture of	farm, 20f. (City or to	rt II of Item 18.) wn) (County	PERFORMED? YES NO (State)			
URRED. (Enter nuture of	of Injury in Part I or Pai	rt II of Item 18.) wn) (County	PERFORMED? YES NO 1			
ACE OF INJURY (Home, tory, street, office bidg.,	farm, 20f. (City or to	wn) (County	PERFORMED? YES NO 1			
ACE OF INJURY (Home, tory, street, office bidg., eld an Autopsy, tucide, Homic	farm, 20f. (City or to letc.) Inspection X, ide , Undetern	rt II of Item 18.) wn) (County	PERFORMED? YES NO 1			
ACE OF INJURY (Home, tory, street, office bidg., eld an Autopsy, uicide, Homic CHIEF MEDIC.	farm, 20f. (City or to etc.) Inspection X, side, Undeternal EXAMINER	wn) (County	YES NO X (State) and in my opinio			
ACE OF INJURY (Home, tory, street, office bidg., eld an Autopsy, uicide, Homic CHIEF MEDICM.D. ASSISTANT M	farm, 20f. (City or to etc.) Inspection X, ide , Undeternal EXAMINER .	rt II of Item 18.) wn) (County Inquiry X, nined manner	PERFORMED? YES NO 2 () (State) and in my opinio			
ACE OF INJURY (Home, tory, street, office bidg., eld an Autopsy, uicide, Homic CHIEF MEDICM.D. ASSISTANT M	farm, 20f. (City or to etc.) Inspection X, side, Undeternal EXAMINER	rt II of Item 18.) wn) (County Inquiry X, nined manner	PERFORMED? YES NO 2 () (State) and In my Dpinio 22. DATE SIGNEE			
EURRED. (Enter nature of ACE OF INJURY (Home, tory, street, office bidg., eld an Autopsy, vicide, Homlo, Homlo, ASSISTANT M, DEPUTY MEDI	farm, 20f. (City or to etc.) Inspection X, ide , Undeternal EXAMINER .	rt II of Item 18.) wn) (County Inquiry X, nined manner	PERFORMED? YES NO 2 () (State) and in my ppining 22. DATE SIGNER			
EURRED. (Enter nature of ACE OF INJURY (Home, tory, street, office bidg., eld an Autopsy, vicide, Homlo, Homlo, ASSISTANT M, DEPUTY MEDI	farm, 20f. (City or to etc.) Inspection X, ide, Undetern AL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER	rt II of Item 18.) wn) (County Inquiry K, nined manner	PERFORMED? YES NO 2 () (State) and in my ppinio 22. DATE SIGNED 1—8—66			
ACE OF INJURY (Home, tory, street, office bldg., eld an Autopsy, uicide, Homic, Homic, ASSISTANT M, DEPUTY MEDI, Address (Street of the street of the str	farm, 20f. (City or to etc.) Inspection , , , , , , , , , , , , , , , , , , ,	wn) (County Inquiry K, nined manner Oakland, ilty, town or county	PERFORMED? YES NO 2 () (State) and in my ppinio 22. DATE SIGNED 1—8—66			
ACE OF INJURY (Home, tory, street, office bidg., eld an Autopsy, uicide, Homlo, ASSISTANT M DEPUTY MEDI Address (Street of the control of the co	Inspection X, ide, Undetern AL EXAMINER CAL EXAMINER et, city, town, or county 123d. LOCATION (C.	rt II of Item 18.) wn) (County Inquiry X, nined manner Oakland, i) Ity, town or county	PERFORMED? YES NO 2 (State) and In my Dpinio 22. DATE SIGNED 1—8—66 Md • (State)			
ACE OF INJURY (Home, tory, street, office bidg., eld an Autopsy, uicide, Homlo, ASSISTANT M DEPUTY MEDI Address (Street of the control of the co	Inspection X, ide, Undetern AL EXAMINER COLL EXAMINER COLL EXAMINER COLL EXAMINER 23d. LOCATION (C) COLL TO BY REGISTRAR 25	rt II of Item 18.) wn) (County Inquiry X, nined manner Oakland, i) Ity, town or county	PERFORMED? YES NO 2 () (State) and in my ppinip 22. DAYE SIGNEE 1—8—66 Md . () (State)			
	c. CITY OR TOWN (I M d. STREET ADDRESS COMMAN 8. DATE OF BIRTH Jan. 21, 11. BIRTHPLACE (Red Hould 14. MOTHER'S MAI Jane Mainformant argaret Bourgaret Bourga	Maryland c. CITY OR TOWN (If outside corporete limit McHenry d. STREET ADDRESS Last 4. DATE OF DEATH Jan 8. DATE OF BIRTH Jan. 21, 1905 60 11. BIRTHPLACE (State or foreign country Red House, Md. 14. MOTHER'S MAIDEN NAME Jane Mace INFORMANT Argaret Bowman McHe generalized	C. CITY OR TOWN (If outside corporate limits, write RURAL and McHenry d. STREET ADDRESS Last 4. DATE Month OF DEATH Jan. 8. DATE OF BIRTH Jan. 21, 1905 60 yrs. 11. BIRTHPLACE (State or foreign country) Red House, Md. 14. MOTHER'S MAIDEN NAME Jane Mace INFORMANT Address Rearet Bowman McHenry, Md S generalized Y			

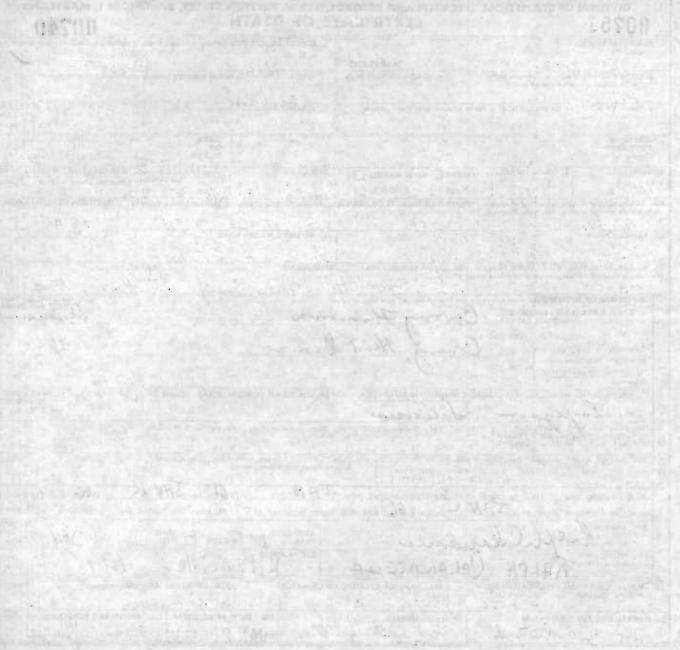
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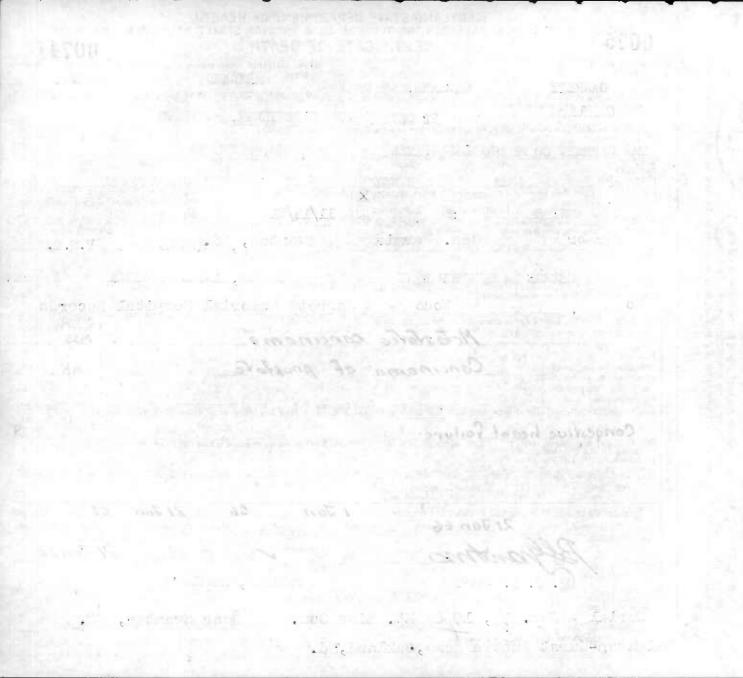
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1	MARYLAND STATE DEPARTMENT OF HEALTH	
4)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M CERTIFICATE OF DEATH	(1741)
1	1. PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where decessed lived, if Institution: Re e. STATE b. COUNTY	sidence before edmissio
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL end	give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARA
	3. NAME OF DECEASED (Type or print)	Day Yeer
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF HIRTH 9. AGE (In years IF UNDER 1 Y	15 1966 YEAR IF UNDER 24 HR: Pays Hours Min.
	177Ale White WIDOWED DIVORCED 177Arch 26,1876 69 yrs.	ZEN OF WHAT COUNTE
I	and the state of t	5A
	JATINGS MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	[Yes, no, or unknown] [(Ifyesgivewerordatesofservice)] 216-01-4839 Mrs Blanche Brady Shallmar, 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).]	777d.
	PART I. DEATH WAS CAUSED BY: [AND JUNE 1] HEROLOGICAL STREET CAUSE (a) Covery Humboures	ONSET AND DEATH
	Conditions, if any, which Due to	54
	gave rise to immediate cause (a), stating the underlying cause last. (c)	
		1(a) 19. WAS AUTOPS PERFORMED? YES NO R
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	1.00
1	20c. TIME OF INJURY Month, Day, Year Hour e.m. 20d. INJURY OCCURRED At Month, Day, Year Hour e.m. 20d. INJURY OCCURRED factory, street, office bldg., etc.)	ty) (Stete)
	184 // 34 //	a, that (1) (we) I
	228. SIGNATURE Color Ryella M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	17N 17-61GH
l	22c. PHYSICIAN'S NAME (Typo) RALDH (ALANDRELLA) 22d. ADDRESS tzmiller Md	
-	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 1-18-66 100F Cemeters SIK Ganden	(State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SI	GNATURE
1	1 Robert Kyle Valla to. Ret miller, 110. 1011AN 20 1958 gliones	Juage



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
() () 742

1. PLAC	CE DF DEAT DUNTY	Н					2. USUAL RESIDEN	CE (Where de	ceased lived, If In		sidence before	admission)
		rrett			MARY		Ma	ryland		Gar	rett	
b. C	ITY DR TOW	N (If outside and give ne	corporate arest town)	limits,	c. LENGTH OF STAY	IN 1b	c. CITY DR TDWN (II	foutside cor	porate limits, w	rite RURAL	and give near	rest town)
11113	Oak	land			27 das. 23	hr	. Oakland	d	11-	- /		
d. N	AME OF HO	SPITAL OR IN	ISTITUTION	(if not in h	ospital, give street ac	ddress)	d. STREET ADDRESS					ESIDENCE A FARM?
-		ounty 1	Memori	al Ho	spital		Box #	82			YES	ND [
3. NAM DEC	EASED		First	_	Middle	-	Last	4. DATE	Mont			Year
	e or print)			non	Thomas		adwater	DEATH	Jan	. 17	, 19	9 66
5. SEX				. MARRIED	NEVER MARRIED	8	. DATE DF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1		
Ma		White	_	WIDDWED			7/10/04		61 yrs.	Months	Days Hour	s Min.
10a. USU	JAL DCCUPAT	TION (Give kin	d of work do	ne 10b. K	IND OF BUSINESS DR		11. BIRTHPLACE (C	County & State,		y) 12. CIT	TIZEN DF WH	AT
during ii	Reti	red red	i ir retirea)	St	reet Dept.		Bond, Ma	arvland		CO	J.S.A.	
13. FAT	THER'S NAM			1 50	reen pepu.		14. MOTHER'S MAIL					
I	Broadw	ater, l	Mortim	or			Wilt, N		vina			
		-			SDCIAL SECURITY NO.	1 17	INFORMANT	141 3 20	Addre			
(Yes, no,	or unkown)	EVER IN U.S. A (If yes give wa	r or dates of se	ervice)	SDUINE SECURITINO.							
no							Ruba Broad	water	See #2	anove		
18.				cause per l	ine for (a), (b), and (c)).]					INTERVAL E	BETWEEN
	PART I. DI	EATH WAS CA	USED BY: E CAUSE (a	1 1/	Muocana	int	Intanite	on			27 day	/S
	420	/	DUE TO		7				11/2/200			
Con	ditions, if	any, which) (b)	1%	nonnnu	h	sufficien.	- 1		18 th	un.	
gave	e rise to	immediate	DUE TO		. / . 4	1116	' - I	1			V	
	se (a), s eriying caus	tating the		///	1 Toning la	wal	1. 611	1/100	212			
			CONDITION:		ITING TO DEATH BUT N	DIRELAT	ED TO THE TERMINAL I	DISFASE CON	DITION GIVEN IN	PART 1(a)	119. WAS /	AUTOPSY
PAR 20a. OR (IF			00110111011	000000	, , , , , , , , , , , , , , , , , , ,	DIKLON	LU TU THE TERMINAL	DISEASE CON	DITTON GIVEN IN	TAILT 2(a)		DRMED?
E 20a.	ACCIDENT	WAS UNDER	LYING [20b.	DESCRIBE HDW INJUR	RY DCCUF	RED. (Enter nature of	f inlury in Pa	rt I or Part II o	of item 18.)		100
S OR	CONTRIBUTI	WAS UNDERING CAUSE	E OF DEATH	R)			(
		INJURY Mon			NJURY DCCURRED 2	On DIAC	F DE IN HIDV/Home &	nem 206	(City or town)	(Coun	a 640)	(State)
MEDICAL 20c.	Hour a.r		ui, Day, 16	While		factor	E DF INJURY (Home, fa y, street, office bldg., e	etc.)	City or town)	(Coun	ity)	(State)
WE WE	p.1	m.	19	at wor		-						
2	21. I certif	y that (!) (t	his hospit	al) attend	ed the deceased fr	om Ar	n	9.62 to	Jan. 17	19 6	6, that (1)	(we) last
		ceased alive					death occurred at	M. fri	m the causes			
	SIGNATU		1	Ch					-19-1-19		TE SIGNED	
		1979	ran	W/N		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	17.7	2066	
22c.	. PHYSICA			~			22d. ADDRESS			7.50	77.00	
	NAME (T	Me Dr.	. B. L	• Gran	nt		Oaklar	nd, Mar	yland			
23a. BU	IRIAL, CREW	ATIDN, 23b.	. DATE TH	EREDF	23c. NAME DF CE	METERY	DR CREMATORY	23d. LD	CATION (City, to	own or cour	nty) ((State)
	MDVAL (Spo rial	ecify)	20/66	Co	matt Co	Vam	Candena	0-1-7	and Man	rel end		
	NERAL DIRE		20100	7	ADDRESS	ACHILL	25a. RE	C'D BY REGIS	and Mar STRAR 25b. R	EGISTRAR'S	SIGNATURE	
Mo.	, ONT	mi	mmin	L	Oaklan	d Ma	arylandatAN	25 10	366 96	Cum la	· Out	
LUNC	A CALL	1.11/10	10100	//\	AGUTT WILL	or a rive	TT Y TOU HOURIE	N V I	100 11-	A COLOR	1 Sincolar	_

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before edmission) e. COUNTY Maryland b. COUNTY Allegany Garrett the day MARYLAND pue deat b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) by write RURAL and give neerest town) Cumberland TIS. Oacland 5 hours after within Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM 315 Frederick Cupnett-Weeks Nursing YES NO papers. n 72 hot completely 3. NAME OF Middle 4. DATE Dev Year DECEASED LOUTSE DEATH January 66 (Type or print) 19 within carbon S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. and lest birthdey) Months Female June 17. event, WIDOWED IX ng physician a 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! dona during most of working life, even if retired) Ohio USA Cherry Valley. Housewife. Own home 13. FATHER'S NAME 2 Elizabeth Williams oval, and Myron E. Miller atten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. | 17. INFORMANT Address requires that the Md. (Yes, no, or unkown) | (If yes give war or detes of sarvice Mr. Paul T. Beckwith 315 Frederick St. Cumb. has been signed by the No None permit. physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 9 IMMEDIATE CAUSE (a) CONCESTIVE INSANS cremation, burial-transit DUE TO the hospital or attending CIMONIC MYDEARDIAN Conditions, geve rise to immediate cause DUE TO burial, (e), steting the underlying ceuse lest. (c) the DIRECTOR: After this certificate should be detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION S 0 PERFORMED? NO X for use 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL be retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work State Dept. 21. I certify that (I) (this bespital) attended the deceased from (1) 84 13 1958, to... 2, 1966, that (I) (we) last19.65.., and that death occurred at from the causes and on the date stated above. DATE SIGNATURE 22b. ATTENDING SIGNED DIRECTOR death. Page 4 PHYS. PHYS. Page 4 M.D. HOSPITAL rector, page 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) O to & Sunset Memorial Park Cumberland, Maryland 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Cumberland, Maryland H. Wayne George VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Garrett Garrett MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Kitzmiller hrs. 35 Oakland after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ay to Page W. Main St. State hours Garrett County Memorial Hospital del 3. NAME OF DECEASED First Middle DATE Month Last DEATH (Type or print) Crouse. John Joseph DATE OF BIRTH January AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. EXAMINER: This certificate should be executed within 24 hours after death. If an earlificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form 5. SEX 6. COLOR OR RACE 8. 7. MARRIED NEVER MARRIED Male 4-29-1897 White WIDOWEDA DIVORCED N event and 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY Coketon, W. Va. Miner- Retired Coal mines any pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Jean Elizabeth Martin Thomas Crouse File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or sinkown) (If yes give war or dates of service) 216-07-7613 permit. removal. John J. Crouse, Jr., Kitzmiller, Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: a burial-transit IMMEDIATE CAUSE (e) DUE TO RETROPERITONEAL HEMORRHAGE Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the RUPTURE ABDOMINAL ARTERIOSCLEROTIC ANEURYSM 1 Hour 00 underlying cause last, used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION ld be DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 3 should agent, F MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While at work CTOR: Page at work 21. I certify that I took charge of the remains described above, held an Autopsy 12. X Inquiry Inspection files. DIRECTOR: death resulted from: Undetermined manner Natural causes x Accident Suicide Homicide CHIEF MEDICAL EXAMINER execute Tr. Page 4 s YOUR ASSISTANT MEDICAL EXAMINER O DEPUTY MED director. Pag retained for 0 FUNERAL I DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) Oakland. Maryland James H. Feaster, Jr., M. D. NAME (Type) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. DATE THEREOF 23b. Elk Garden, Mineral 50 Jan. 23, 1966 Kalbaugh Cemetery 0

e. IS RESIDENCE

ON A FARM?

Year

19 66

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

(State)

CO.W.Va

PERFORMED? NO

and in my opinion

22. DATE SIGNED

1-21-1966

Hour

1 Hour

(County)

REGISTRAR'S SIGNATURE

REC'D BY REGISTRAR

25b.

21st

12. CITIZEN OF WHAT

COUNTRY?

NO DO

VR A15ME (5) 1/65

24 FUNERAL DIRECTOR

Michael In Arabid Bulletin State Committee of the Committ The state of the s MICH. ANY LIST MICH. BURGES IN R. H. T. M. C. H. T. M. T. M. C. H. T. M. The state of the s

TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-Nith the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event Within 72 hours after death.

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FOR STATE M)	Division 00762	on of STATISTI	(
HEALTH DEPT	1.	PLACE OF DEATH a. COUNTY	Gamett	

MARYLAND STATE DEPARTMENT OF HEALTH CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	CERTIFICATE		00745
	11 2 USHAL RESIDENCE	(Where deceased lived If i	institution. Residence before admiss

1001	1. PLACE OF DEATH a. COUNTY Garrett	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. GOUNTY						
1	MARYLAND		rrett					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland Lt days	c. CITY OR TOWN (If outside corporete limits, write RURAL Oakland //_	end give nearest town)					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE					
5	Garrett Co. Memorial Hospital	121 E. Water St.	DN A FARM? YES NO NO					
	3. NAME OF DECEASED (Type or print) Vera Catherine Duni	5001	9th 1966					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER lest birthday) Months	1 YEAR IF UNDER 24 HRS.					
1	Female White WIDOWED DIVORCED	Sept. 24, 1913 52 yrs.	Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	11. BIRTHPLACE (State or foreign country) 12. CC	ITIZEN OF WHAT DUNTRY?					
ŀ	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	OA					
	Emory Adams	Mamie Sanders						
I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) ((f yes gire war or dates of service)	. INFORMANT Address						
6	no 215-20-6722 W	illard Dunbar see #2 above						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Fulminating Sept	tecemia	ONSET AND DEATH 2 WEEKS					
	Conditions, If any, which \ (b)							
	gave rise to immediate cause (a), stating the underlying cause last.							
		LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES ND					
	FRIMARY or CONTRIBUTING CAUSE OF DEATH.	CURRED. (Enter nuture of injury in Part i or Part II of Item 18.	.)					
		LACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	inty) (State)					
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , a death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER								
-	SIGNATURE A. Tenter f	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED 1-19-66					
	EXAMMER'S James H. Feaster, Jr., M. D.	DEPUTY MEDICAL EXAMINER K Address (Street, city, town, or county) Oaklar	nd, Md.					
	23a. BURIAL (CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify) 1/22/66 Garrett Co.	0.12.2	unty) (State)					
00	24.) FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR' aryland Date AN 25 1956	'S SIGNATURE					
1			-11-11					

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FOR STATE HEALTH DEPT.

DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to are dineral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED please execute

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MARYLAND STATE DEPARTMENT OF HEALTH
ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	STATISTICAL RESEA	RCH AND RECORD	S, 301 W	. PRESTON	STRE	ET, BALTI	MORE 1, N	IARYLAND	1
00763	MEDICAL	EXAMINER'S	CERT	IFICATE	OF	DEATH		0074	16
PLACE DE DEATH			11 2 1191	IAL RESIDENCE	(Where	deceased lived	If institution:	Residence befor	re a

1.	PLACE DF DEAT a. COUNTY				2. USUAL RESIDEN		lived, If inst b. CDUN	TV	dence before		
	b CITY OR TOW	Garrett	n HmHa	MARYLAND		ryland	Maritan was				
		N (if outside corporation and give nearest town			241			ITO KUKAL O	na give ne	arest town)	
		Oakland		10 days hospital, give street addres	Mt.	Lake Pa:	rk	11-	/		
										RESIDENCE A FARM?	
-		ounty Memor				'I" Stre				□ NO 🖾	
3.	NAME OF DECEASED (Type or print)	Bessie	rst	Middle Ruth	Harvey	4. BATE OF DEATH .Ts	Month		Day th.	Year 19 66	
5.	SEX	6. COLOR OR RACE		D NEVER MARRIED	8. DATE OF BIRTH	19 AGE	In vears	IF JINDER 1		NDER 24 HRS.	
F	'emale	White	WIDOWE		1-28-93	last 72	birthday)	Months D		urs Min.	
1D	a. USUAL OCCUPAT	ION (Give kind of work	done 1Db.	KIND OF BUSINESS OR INDUSTRY OWN home	11. BIRTHPLACE (State or foreign cou		12. CIT	ZEN OF W	HAT	
l du	House	Wife	u)	Own home	Deer 1	Park, Md.		CDO	IZEN OF W	SA	
13	. FATHER'S NAM	IE			14. MOTHER'S MAI						
	John !	r. Moon			Emms	a Harvey					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	S. SOCIAL SECURITY ND. 1	7. INFORMANT		Addres	s (So)	2)		
(1	es, no, or unkown) No	(If yes give war or dates o	f service)	D:	ale Harvey	, Mt. Lal	ke Pa				
				line for (a), (b), end (c).]	n				INTERVAL BETWEEN ONSET AND DEATH 40 hours		
	Conditions, If	DUE	TO Arte	eriosclerosis,	generalized				Year	S	
	gave rise to	Immediate /	(0)	2 200020100209	80110202				10010		
13	cause (e), s underlying caus		TD								
z			(C)	BUT ING TO DEATH BUT NOT RI	LATED TO THE TERMINAL	DISEASE CONDITION	NGIVENIN	PART 1(a)	119. WA	SAUTOPSY	
MEDICAL CERTIFICATION		tured right				DIOLNOL O ONDITION	101121111	71111 2(0)		FORMED?	
TIFIC		L CAUSE WAS CONTRIBUTING TO TH.	-	DESCRIBE HOW INJURY OF		of injury in Part I o	r Part II o	f item 18.)		J [
CER				Ll at home 1-1			ght hi	p.			
CAL	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED 2De. F	LACE DF INJURY (Home, f	arm, 2Df. (City o	or town)	(Count	ty)	(State)	
ME		n. pr. 7⊶77 195	6 at wo	o lad not mille lad	ome	Mt. La	ake Pa	rk Gar	rrett	Md.	
-				mains described above,		Inspection X	, Inqui	iry 🗓 ,	and in	my opinion	
	death result	ed from: Natural	causes 🗷	Accident 7	Suicide , Homic	ide , Unde	termined	manner [
	I V			T	CHIEF MEDICA	AL EXAMINER					
	SIGNATURE	som the	1	ranter of 4	M.D. ASSISTANT ME	EDICAL EXAMINER				TE SIGNED	
	1//				DEPUTY MEDI	CAL EXAMINER	0.1			-1966	
				Jr., M. D.		et, city, town, or co					
23	REMOVAL (Sp.		HEREOF	23c. NAME OF CEMETI		23d. LOCATIO				(State)	
24	Buria. FUNERAL DIRE		7	ADDRESS	ily Cemete:	C'D BY REGISTRAR	25b. RE	GISTRAR'S	SIGNATUR	RE	
	eighton	Karlage !	ne ral	Home, Oakla	8 4 4	1 0 -		innelay			
120	OTPITOOIT.	TAT DO TH	Later de Chall	TIVITO 9 CONTECT	DATE		13		1		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE CERTIFICATE OF DEATH

	UU 4 0 4	OLK III IOAT	E OI DEVIII		
1.	PLACE OF OEATH a. COUNTY Garrett	MARYLAND	a STATE.	E (Where deceased lived, If Institution: Re b. COUNTY 7	esidence before admission)
	b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Cakland	46 days	c. CITY OR TOWN (If	outside corporate limits, write RURAL $85-3$	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h Oak-Rest Nursing Home	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	odk-1600 Harbrid Home		1 219 River	Ave	YES ND
3.	NAME DF First OECEASED (Type or print) Vincenzo	Middle La	Last mberto	4. DATE Month DF January 19t	Day Year Sh. 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH	9. AGE (In years IF UNDER	
1	Vale White WIDOWED	OIVORCED .	February 22.	1881 84 yrs.	Days Hours Min.
du	ing most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY		ounty & State, or foreign country) 12. Cl	TIZEN OF WHAT
13	FATHER'S NAME	all-Noaa	(aulonia (O Italy	J.A.
1	Domenic Lamberto		7	nagoman	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. es, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY ND. 17.	INFDRMANT	219 River Hve.	
	170		verett Lambe	ert, Parsons, W.Va.	INTERVAL DEDUCEN
	PART I. DEATH (Enter only one cause per I IMMEDIATE CAUSE (a) UTG	ine for (a), (b), and (c).]			onset and death weeks
	Cenditions, If any, which) OUE TO Art	teriosclerotic	cardio-vasc	ular disease	Years
	gave rise to immediate cause (a), stating the DUE TO underlying cause last.				
CERTIFICATION	PARTII.OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBU	JTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO PO
CERTIF	20a. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at worl	Not While facto	CE OF INJURY (Home, fa ory, street, office bldg., e	tc.)	nty) (State)
	21 1 pertify that (I) (this hospital) attend saw the deceased alive on 1-17-66	en the accedacy fibili.	t death occurred at6	9, to <u>1-17-</u> , 1956 ±25M, from the causes and on the	, that (I) (we) last ne date stated above.
	22a. SIGNATURE	M.C		MED. STAFF 22b. DA	ATE SIGNED
(226. PHYSICIAN'S NAME (Type) James H. Feast	er, Jr., M. D.	104 S.	2nd. St., Oakland,	Maryland
23	REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, town or cou	inty) (State)
24	FUNERAL DIRECTOR	ADDRESS	1.0.5.0	01 000	SIGNATURE
	LEIGHTON-DIRST FUNERA	L HOME. Oakl	Land NovaN	24 1966 Jelianle	, Judge

VR AI5 (4) 20M 1/65

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VR A15 (4) 20M 5-63

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	MORE 1, MARYLAN
00765	CERTIFICATE OF DEATH	0.024

1. PLACE OF DEATH	4			11 :	. USUAL RESIDE	NCE (Where	deceesed lived, If	Institution	Residence	ce before	dmission)		
e. COUNTY	rrett		MARYLAN		Maryland b. county Garrett								
	if outside corporete limit	ls.	c. LENGTH OF STAY IN		c. CITY OR TOWN				arre		vn)		
	give nearest town)	,	10 vrs.		Oakla			11	1	/			
d. NAME OF HOSPI	TAL OR INSTITUTION (f not in hos	pitel, give street eddress)		d. STREET ADDRES		3 2 2 2 7 7		-		ESIDENCE		
519 E.	Poplar St	reet			519 E	. Pop	lar Str	eet.			NO 📆		
3. NAME OF	First		Middle		Last	4. DATE			Dey	Yee	r		
(Type or print)	CHARLES		FRANKLIN		MILLER	OF DEAT	ru Janua	ry	26,	19	66		
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. 1	ATE OF BIRTH		9. AGE (In years last birthday)			IF UNDER			
Male	White	WIDOWE	D DIVORCED	Ju	ly 6, 18	88	77 yrs.	Months	Days	Hours	Min.		
10e. USUAL OCCUPAT done during most of we Laborer 13. FATHER'S NAME	ION (Give kind of work rking life, avan if ratira (Ret.)	d)	ate Road C	OMM		doah.			USA	F WHAT (OUNTRY?		
Terem	iah Mille	77			Nancy	Manna	ole						
			SOCIAL SECURITY NO. 1	7. IN		Albah Kalijah (Addres	4 /7.7.5	3 1	-			
(Yes, no, or unkown) (I		ervice)			. C.F. M	illan		1000	dow)	/			
	EATH [Enter only one	des	ine for (a), (b), end (c).]	177 12	• O • T • 11	TTTOT	Oanla	I I'L D		ERVAL BÉT			
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	CON	ONARY	0	CG 2 VJ2	an			ON	ISET AND	DEATH		
420	DUE TO				-2001								
Conditions, if eny		TY	DIGNUO S	دي	01001	7							
(e), steting the u	DIE TO												
ceuse lest.) (c)							-					
PART II. OTHE	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BU	TON	RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(e) 1	9. WAS A	RMED?		
3 CH	ronic	CYS	fITIS.						١	YES	NO 🔼		
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCU	JRRED.	(Enter nature of injury	in Part I or Pa	art II of item 1B.)						
20c. TIME OF INJU	RY Month, Dey, Yes	While	Not While		OF INJURY (Home, fa , street, office bldg., a		City or town)	(Co	ounty)		(Stete)		
21. I certify t	hat (I) (this hospit	al) attend	ded the deceased fro	m1	DAY "	1946, 1	MOUM C.	W, 1	9.66 11	hat (I) ((ma) last		
saw the deceas	sed alive on AN	. 26	1966, and t	hat de	alh occurred all	AM, fro	m the causes	and on	the date	e stated	above.		
22a. SIGNATURE	Saymfa	The	~	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1/5	37/6	6 226	SIGNED		
22c. PHYSICIAN'S NAME (Type		Raime	gartner, M.	-	22d. ADDRESS	M Ea	hara Freeza						
				, D ,	Oakla		aryland						
23a. BURIAL, CREMATI REMOVAL (Specify)	7 100 11	,	DOTTO TO				eyard.				tete)		
Burial		a 1	Bayard Cer	net			ISTRAR 256, RE			-	. 0%		
Leighton-	Jun U- a	eral	Home, Oakls	and		1 19	66	arley	No.	1			
5							8 6		-				

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				Divisi	on of STAT	ISTICAL				ARTMENT O , 301 W. PRESTO			LTIMORE	E 1, MA	RYLAND	
	STATE		0	0766		MEDI	CAL	EXAMINE	R'S	CERTIFICAT	111				007	749
HEALTH	DEPT	H			arrett	<u> </u>	ems /	MAR	YLANO	a. STATE	nce (where		lived, If insti b. COUNT		esidence befo llegs	
funera may be	Department after death.	V	b. (Write RURAL	of (If outside control of the contro	orporate IImi	its,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	oerla	-	limits, writ	e RURAL	and give ne	
5.10	Depa							ospital, give street	address)	d. STREET ADDRES	S				e. IS	RESIDENCE A FARM?
ay to	State hours	10		Cuppet	t-Weeks	Nursi	ng H	ome			100	116			YES	NO 🔼
de .	the 72			ME OF CEASED pe or print)	P	First hillip		Middle	R	Last	4. DAT OF DEA		Month	7 2	Day 8th.	Year 19 66
ges 1, 2 form P	2 with within			lo	6. COLOR OR Whit	e wil	DOWED	DIVORC	ED T	4-9-1889	4.65	9. AGE Past 70	(In years I birthdey)	FUNDER	1 YEAR IF U	
after death. If any Give Pages 1, 2, a ong with form PM3	and					f work done retired)	10b. Ki	IND OF BUSINESS OF	R	11. BIRTHPLACE	hp///	reign co Alle	untry) Md	12. CI	DUNTRY?	HAT S.A.
24 hours aften ltem 18. Giffice along	pages 1		13. FA	THER'S NAME	e nknown					14. MOTHER'S MA	iden name Unkno	wn			166	
within 24 hours a pencil in Item 18. niner's Office alo	permit. File removal, and		(Yes, no	S DECEASED E	VER IN U.S. ARI (If yes give war or	MED FORCES? dates of service	e)	social security n		ppett-We	eks N	ursi	Address ng Ho		Oalcl	and, Md
"pending" in Medical Exar	a burial-transit		gav		ATH WAS CAUS IMMEDIATE Of any, which Immediate ating the	DUE TO DUE TO	Cor	ne for (a), (b), end onary thr erioscler	ombos	is generaliz	ed					
cate shoul the word the Chief	used as to burial	0	_	RT II. OTHERS	region for the terminal disease conditions to death but not related to the terminal disease condition given in part $ar{a}$ ereberal vascular accident							ART 1(a)	19. WAS AUTOPSY PERFORMED?			
riting the writed to the (3 should be a		PR CA	A. EXTERNAL IMARY Or (USE OF DEAT	CAUSE WAS CONTRIBUTING H.	0	20b. D	ESCRIBE HOW INJ	URY OCCU	RRED. (Enter nuture	of injury in	Part I o	r Part II of	Item 18.	.)	
IER: This cer icate, writin e forwarded			20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work at wo										(State)			
certification	Page nated							ains described a	ove, hel	d an Autopsy 🔲	Inspec	tion X], Inquir	ry X,	and In	my opinion
utee ge 4 sh	tained for your files. FUNERAL DIRECTOR: Pa Health or its designat		AC SII	TUAL GNATURE	ed from: N	atural caus	es 🔼	, Accident [], Sui	CHIEF MEDIC M.D. ASSISTANT M DEPUTY MED	CAL EXAMIN	ER MINER			22. DA -28-19	ATE SIGNED
> 6	UNERAL Health	2	NA	AMPRIER'S	James H	Feas	ter,	Jr., M.	0.	Address (Str						
TO DEPUT	TO FUNE of Heal		23a. B	URIAL, CREMA	ATION, 23b.	131/6				metery		Oakl	on (city, too and	Mar	yland	
VR A	15ME (5) 1/65	DO		uneral direction.	- Xoh	Fune:	Dur	taddress Home, Oa	klan	d Md DATE	EB 1	GISTRAR 19		Clary		RE

ancide classic control consult the second section of the second approximation of the second seco HAS: - company of the control of the agelianes, efectives a second of the second delilla e del me de la colonia de

executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate of Page 4 may be retained by the hospital or attending physician.

	DIVISIO	N OF STATISTIC		LAND STATE I RCH AND RECOR	RDS, 301 W.	PRESTON			RE 1, MARY	LAND
P	00763			CERTIFICA	ATE OF	DEATH			1	0750 -
1,		arrett		MARYLAN	a. S	TATE Mary	yland	b. COUN	Garr Garr	
	0	VN (if outside corpora , and give nearest tow)akland		c. LENGTH OF STAY IN 29 days	X	0ak]	ite RURAL and g	RAL and give nearest town)		
		County Memo		spital, give street addresspital	/ _	• # 2 ,	Mason	School		e. IS RESIDENCE ON A FARM? YES ND
3.	NAME DF DECEASED (Type or print)	Da	First Middle Last David Henry Ridder				4. DATE DF DEATH	Jan.	8	, 19 66
	Male	6. CDLOR DR RACE White	WIDOWED	NEVER MARRIED DIVORCED		0-1873		AGE (In years ast birthday)	Months Days	Hours Min.
10a		TION (Give kind of work ling life, even if retire		ND OF BUSINESS OR DUSTRY		THPLACE (Coun			12. CITIZEN COUNTR	Y?
13	Retired . FATHER'S NAM			Farming	14. MO	arrett, THER'S MAIDEN	Maryla NAME	and		U.S.A.
	Henry Ri					atherine				
(Y	es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)	ocial security no.	17. INFORMAL Garry	Ridder	ohew)	Summer	sville,	W. Va.
TION	Cenditions, If gave rise to cause (a), s underlying cause	Immediate ctating the se last.	(a) 10 (b) (c) 10 (c)	ING TO DEATH BUT NOT	RELATED TO TH	ETERMINAL DIS	CICCON SEASE CONDI	TION GIVEN IN	PART 1(a) 19	WAS AUTDPSY PERFORMED?
CERTIFICATION	2Da. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE DF DEA OTIFY MEDICAL EXAMI	TH NER)	ESCRIBE HOW INJURY (OCCURRED. (En	ter nature of Ir	njury in Part	l or Part II o		ES NO
MEDICAL	Hour a.	INJURY Month, Day, m. m. 19	Year 2Dd. IN While at work	Not While	PLACE OF INJ factory, street,	URY (Home, farm office bldg., etc.	n, 20f. (C	ity or town)	(County)	(State)
		ceased alive on		u	that death of	DING MÉ	D. RECTOR	Jan 8, the causes STAFF PHYS. aryland	and on the da	hat (I) (we) last te stated above.
23:	Buria	eclfy) 1/1.0/	THEREDF 66		TERY OR CREM	terv	Garr	ett C	own or county) O. Md.	(State)
24	FUNERAL DIR	D. Mus	mich	ADDRESS Oakland,	Maryla	1 7 7 7 7	7 7		Lorley J	

VR A15 20M I 1/65 and the second of the second The peaceding their driver a faction of - Charachinesis tralyane took of the second se Implyant trades a The service of the se

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VR AISME (5) 5M 1/65

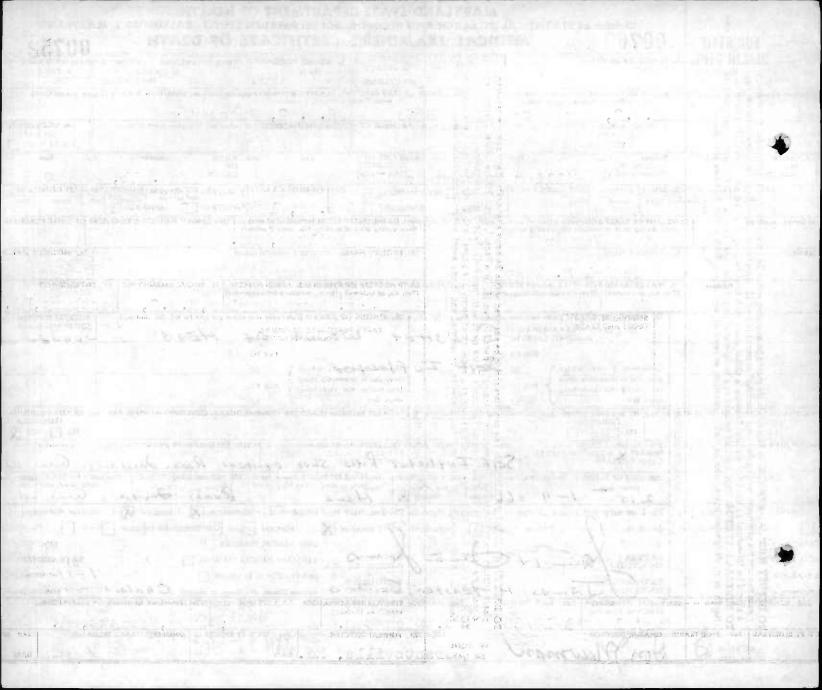
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH () 1751

1. PLACE OF DEATH a. COUNTY Garrett	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett
	MARYLAND OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give neerest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	6 yrs Rural - Oakland //-/ street eddress) d. STREET ADDRESS 6. IS RESIDENCE
Route #2	Route #2
(Type or print) Jonas L	Stoltzfus 4. DATE Month Day Yeer OF DEATH January 31, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER WIDOWED	PULCOCORD TO DOG 20 1802 73 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUS INDUSTRY	INESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Farmer Gen. Far	ming Morgantown, Penna, USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John M. Stoltzfus	Rebecca Stoltzfus
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	
(Yes, no, per unkown) (If yes give war or dates of service) None	Mrs. J. L. Stoltzfus, Rt 2, Oakland, Mc
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Malnutri	
2865 DUE TO	
conditions, if eny, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause lest. (c)	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTDPSY
TAN THE STILL AND THE STILL AN	PERFORMED? YES ND L
208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEJ 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE H CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year At While at work at work at work at work.	factory, street, office bldg., etc.)
21. I certify that I took charge of the remains descr	ibed above, held an Autopsy , Inspection , Inquiry , and In my opinion
death resulted from: Natural causes 47, Accide	
	CHIEF MEDICAL EXAMINER
SIGNATURE W. Section .	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINER'S James H Fooster	DEPUTY MEDICAL EXAMINER 1-31-1966
NAME (Type)	Jr., M. D. Address (Street, city, town, or county) Oakland, Md.
DEMOVAL (Charley)	me of cemetery or crematory 23d. Location (city, town or county) (state) augh Cemetery Near Oakland, Md.
24. FUNERAL DIRECTOR	RESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Leighton-Durst Funeral Home	, Oakland, Md. DAFEEB 4 1965 Policyles Judge

16100 infile - Learn - .ur I . The transfer of the last tra B Low Live Decree Live , redard feet. .. .vv. ty. . brook .

TE.	1	MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS MEDICAL EXAMINER'S		ON STREET		ORE 1, MAI	2YLAND)
PT.		PLACE OF DEATH COUNTY Garrett MARYLAND	a. STATE		b. COUN	YTY	nce before edn	missio
		o. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		orate limits, write	RURAL and give	neerest town)	
		write RURAL and give neerest town) R.D.2. Frostburg, Life		Frost	ourg		11-	/_
		d. NAME OF HÓSPITAL OR INSTITUTION (if not in hospitel, give straet eddress)	d. STREET ADDRESS	5			ON A F	FARM
)		NAME OF First Middle DECEASED (Type or print) US 7 1 4 cm Throad on Name 1 1 cm	Last	4. DATE OF DEATH	Jan.	Dey	Year 196	6
-		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH		AGE (In years last birthdey)	IF UNDER 1 YEAR	IF UNDER 24	
	10-	WIDOWED DIVORCED	Dec. 6, 18		82 yrs.	1 12 CITIZEN	OF WHAT COL	LINTE
	do	to during most of working life, even if relired) etired Farmer Own Farm	Avilton,	Md.		iz. Gilzer	USA	OINK
	13.	FATHER'S NAME	Susan I					
	(Ya	18. CRUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	æd .	04 h	lead	3	NTERVAL BETW INSET AND DEA U. d. d. Z.A.	VEEN ATH
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO				PART 1(0)	PERFORA	WEDY
- 1	1	206. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 206. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 206. PLA				nostaves	GAMA	. 4
	MEDICAL	Hour am WhileNot While	CE OF INJURY (Home, fatory, street, office bldg., e	rm, 20f. (City			GARA. W	state)
		21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident Suice	ide X. Homicide		determined m		d in my opi	inion
			•	DICAL EVALUATION	ED .		DATE SIGN	
		ACTUAL SIGNATURE (V)		AL EXAMINER			-11-6	6
2		EXAMINERS NAME (Typ) JAMES H. FEASTER, CA. Z	DEPUTY MEDIC Address (Street	AL EXAMINER	county) O 4	Klard.	7md	
2		SIGNATURE SIGNATURE	DEPUTY MEDIC Address (Street R CREMATORY	AL EXAMINER [, city, town, or	county) 04 IION (City, town Route	Klard.	(State)	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UUIIU			CERTIFIC	CATI	E OF DEATH	1			U	110	13
1.	PLACE DE DEATH					2. USUAL RESIDEN	CE (Where de	ceased lived, If Inst	itution: Re	esidence	before a	dm1ssign)
	a. COUNTY	GARRETT		MARYL	AND	a. STATE	W.VA.	b. COUN	T T	TCK	ER	/
	b. CITY DR TOWN	(If outsida corpora nd giva nearest tow	te limits,	c. LENGTH CF STAY		c. CITY DR TDWN (If		porate limits, wri	te RURAL	and gly	e neare	st town)
be	OA KLAND	nd giva nearest tow	/n)	10 DA	vs	DAVI	[S	05	_ 2			
_		ITAL OR INSTITUTIO	ON (if not in i	ospital, giva street ad		d. STREET ADDRESS		60		0	. IS RES	SIDENCE
	GARRETT (COUNTY MEM	ORIAL I	HOSPITAL					Hu.	Y	ES _	FARM?
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Month		Day	Ye	ar
	(Type or print)	LLOYD)	ARTHUR	WA	YBRIGHT	DEATH	Jan.	5th		19	66
5.	SEX 6	. CDLDR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1	YEAR		R 24 HRS
	MALE	WHITE	WIDOWED	DIVDRCED		JAN. 28. 19	וו	54 yrs.	Months	Days	Hours	Min.
10a	a. USUAL DCCUPATIO	N (Give kind of work	done 10b. H	CIND OF BUSINESS DR		11. BIRTHPLACE (C	ounty & State		12. CI	TIZEN D UNTRY	F WHAT	
	IN	ALID	"	NDOSIKI		West Vi	rgini	a		USA		
13	. FATHER'S NAME				15	14. MOTHER'S MAIL	DEN NAME			- NA		
	LIO	D WAYBRIG	HT		73	LAURA	WA TCH	FORD				
15 (Ye	. WAS DECEASED EV	ER IN U.S. ARMED FD	RCES? 16.	SOCIAL SECURITY ND.	17.	INFORMANT		Addres	DAVI	S. V	I.VA	
Ì	no				W×	EVANGEL INE	MAE WA	YBRIGHT-	BOX #	306		
		ATH [Enter only on	e cause per	line for (a), (b), and (c)						INTER	VAL BE	
	PART I. DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE	(a) Com	diac decomp	222	tion					T AND	DEATH
	287X	DUE		arac ascollio	9112d	101011				- We	1010	
	Conditions, If an	y, which)		sity					100	Year	rs	
	gave risa to in cause (a), stat	DILE	(-)				1					
	underlying cause	ing the f	(c)					ITILIZ.				
LION	PART II. OTHER SIG	NIFICANT CONDITIE	ONS CONTRIB	UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL (DISEASE CDN	DITIDN GIVEN IN	'ART 1(a)	19.	WAS AU	JTDPSY
ICA		Muscu	lar dy	str i phy						YES		NOX
CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING	1 20h	DESCRIBE HOW INJUR	Y DCCU	RRED. (Enter nature of	f injury in Pa	art I or Part II of	Item 18.))		
	(IF EITHER, NOTIF	CAUSE OF DEA	NER)									
CAL		JURY Month, Day,			e. PLA	CE OF INJURY (Home, fary, street, office bidg., e	arm, 20f.	(City or town)	(Cour	nty)	(State)
MEDICAL	Hour a.m.	19	While at wor	k Not While	Iactol	ry, an eer, omice biog., e						
		that (I) (this host	-	led the deceased fro	m 12	-27-65 1	9 to	JAN. 5.	. 1966	. the	at (1) 38	De) last
	saw the dece	ased alive on J	AN. 5	1966>_ an	d that	death occurred at_						
	22a. SIGNATURE		1	/					22b. DA			
	1 agun	1. 1.	ete	A. h.	M.D	ATTENDING N	MED. DIRECTOR	STAFF PHYS.	1-6-6	6		
	2/2c. PHYSICIAN'		MEG II	DEACHED TO		22d. ADDRESS	0.4 757 .					
	Y	DR. JA	red H.	FEASTER, JR.			UAKLA	ND, MARY	AND			
238	REMOVAL (Speci	fv)		23c. NAME OF CEN	METERY	OR CREMATDRY		CATION (City, to			(S	tate)
	Burie	11 1/8	/66	Davis				Davis,	W. Va	•		
24	. FUNERAL DIRECT	DR O	11.	ADDRESS			C'D BY REGI	1001	GISTRAR'S	0		
	in ceim	6- 4	July 1	L Davis,	W.V	a. JAN	1 0 198	00	nes	Jud	ge.	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

700									C 41 A	9.1		
1. PLACE OF DEATH				2. USUAL RESIDEN	CE (Where de			esidence	before a	dmission)		
a. COUNTY	Garrett			a. STATE	7	b. COUN	.m.	- 4 4				
			MARYLAND	Maryland Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	f outside corporate limit give nearest town)	ts,	c. LENGTH OF STAY IN 18	e. CITY OR TOWN	If outside corp	orate limits, write	RURAL and	give ne	earest tow	n)		
Oakla	nd		13 vrs.	Oak	land	//	2000					
		if not in hosp	ital, give street address)	d. STREET ADDRESS						SIDENCE		
										A FARM?		
Rt	. 1			I Rt.	1				YES 👾			
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month		Day	Year			
(Type or print)	1.7. 7		T	7.77. 2 4 -	DEATH	T		77	19	66		
5. SEX	Wesley		Lees	White 8. DATE OF BIRTH	10	Janu . AGE (In years		VEAD	IF UNDER	24 HPS		
2. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIKIN	,	last birthday))ays	Hours	Min.		
Wale	White	WIDOWED	DIVORCED	Nov. 22. 18	378	87 yrs.	Monning C		110013	,,,,,,,,		
10a. USUAL OCCUPAT		1 10b. KII	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cour	1	foreign country)	12, CITI	ZEN OF	WHAT	OUNTRY		
dona during most of wo	rking life, even if retire	d)										
Farmer		F	arming	Oakland	Rt. 1	. Md.	U	SA				
13. FATHER'S NAME			4	14. MOTHER'S MAIDEN	NAME							
					_							
	ly White			Annie	e Lawt	on						
 WAS DECEASED EV Yes, no, or unkown) (I 			SOCIAL SECURITY NO. 17	INFORMANT		Address						
no	,,009.10.00.00.00.00.00		-38-1615 Mr	s. May Whit	te	see #	2 abo	ve				
1 18 CAUSE OF D	EATH [Enter only one							INTE	RVAL BET	WEEN		
								PHS	VK AND	DEATH		
FARI I. PENI	IMMEDIATE CAUSE (a)	Conge	stive heart f	anure				v	4 104			
4221	DUE TO	SY THE						-				
	DOE 101	Advand	ced Arterios	clerotic Card	io-vas	cular		1				
Conditions, if any					D.	isease						
gave rise to immedi (a), stating the u	P DITE TO				D.	15 Case		100				
cause last.	indentiting (
	CICALIFICANT CONDI	TIONS CON	TRIBLITING TO DEATH BLIT	NOT RELATED TO THE TERM	NAI DISEASE	CONDITION GIV	FN IN PART	1(a): 19	. WAS A	LITOPSY		
Drostat	tic Hypertr	onhy	IKIBOTING TO DEATH BOT	NOT KEENTED TO THE TERM	IIANE DISEASE	CONDITION OF	FIA HA I SANI	1(0)		RMED?		
K I Toblat	ic Hyperti	Opiry						YI	ES 🗌	NO		
PART II. OTHER Prostat 208. ACCIDENT W OR CONTRIBUTING IF EITHER, NOTIFY	AS UNDERLYING	20b. DESC	CRIBE HOW INJURY OCCUP	ED. (Enter nature of injury in	Part I or Part I	l of item 1B.)						
OR CONTRIBUTING	CAUSE OF DEATH											
	MEDICAL EXAMINER)											
20c. TIME OF INJU	JRY Month, Day, Ye			LACE OF INJURY (Home, far actory, street, office bldg., etc	m, 20f. (Cit	y or town)	(Cour	nty)		(State)		
Hour a.m.		While at work	1401 1111110	actory, sieder, office brog., en	,							
	19	1		May	.60	Januar	V 40	66 .	//×X	XXX		
21. I certify t	hat (I) (this hospi	tal) attend	led the deceased from	May	1900, to	Januar	2, 19	, th	at (1)-1	(We) Tas		
saw the deceas	sed alive onI.a	nuary	.1.119.66, and th	at death occurred 35	.D.M. from	n the causes	and on th	e date	e stated	above.		
228. SIGNATURE	11/	A					1000	1	22b	. DATE		
	1/50	an/low	m	ATTENDING	MED.	STAFF		1	12 11	SIGNED		
- FT	James	yoy un	y \	M.D.	DIRECTOR [] PHYS. [-1	10/10	6		
22c. PHYSICIAN'S	1			22d. ADDRESS								
NAME (Type	E. I. (3a)	impar	tner	226	E. Al	der St						
DO DINDLAS CRESS			23c. NAME OF CEMETER	Y OR CREMATORY		ATION (City, to		()	15	tate)		
23a. BURIAL, CREMATI REMOVAL (Spacify)	,	1								,		
Burial		166	Oakland Ce	emetery	Cak	land,	Maryl	and	L			
24 FUNERAL DIRECTOL	R'S SIGNATURE	1	ADDRESS	25e. RE	C'D BY REGIS	TRAR 256 RE	GISTRAR'S	IGNATI	URE			
61 0.07	n m.	. /	Oakland. !	Taryland JAN			lange Con	Ju	dal			
electer 11	1. Urunn	uch	oan.Lallu,	Tar A Tarin BYLL	TOIL	1001	- 0	1	0			

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rage 4 may be retained by the hospital of attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	00772	N OF STATISTI	CAL RESE	CERTIFICAT	E OF DEATH		BALTIMO	RE 1, MA	UU7	55	
1.	PLACE OF DEAT a. COUNTY	H Garrett		MARYLAND	2. USUAL RESIDENCE a. STATE Ma	E (Where decease ryland	sed lived, If ins b. COUN		dence before	. /	
	b. CITY OR TOW Write RURAL	/N (if outside corpora and give nearest town Dakland	te limits, vn)	c. LENCTH CF STAY IN 16	c. CITY OR TOWN (If	outside corpor	-		nd give near	est town)	
-			ON (If not in I	hospital, give street address)	d. STREET ADORESS	Mario /	Cresar	COMII (Le ISR	ESIDENCE	
		County Mem			%/Oak/Re	st/Nars	i,hg/Aom	é/	YES _	FARM?	
3.	NAME OF DECEASEO	F	Irst	Middle	Last	4. DATE	Month	1	Day Y	'ear	
	(Type or print)	A	lice	Virginia	Winters	OF DEATH	Jan	•	10, 19	66	
5.	SEX	6. COLOR OR RACE	7. MARRIED		8. OATE OF BIRTH	9. A	CE (In years	IF UNDER 1	EAR IF UND	ER 24 HRS	
_	emale	White	WIDOWED		May 4, 188	4	ast birthday) yrs.		ays Hour		
Juri	ng most of work et. text	FION (Cive kind of work ling life, even if retire Le Wit.	(he	kind of business or industry anese Fibres	Mineral			12. CITI	ZEN OF WHI	S.A.	
13.	FATHER'S NAM	The state of the s	17-1		14. MOTHER'S MAID	EN NAME					
	Frank	T. Smith			Eliza R.	Leathe	rman				
15. (Ye:	WAS DECEASED s, no, or unkown) NO	EVER IN U.S. ARMED FO (1f yes give war or dates)	ORCES? 16 of service)		INFORMANT S. Francis N	35.	Addres		Santow	n Md.	
7	332 Conditions, If gave rise to cause (a), s underlying cause	Immediate tating the se last.	(a) C C (b) TO (c)	exteriosclero					3a	lay.	
ICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)									NO [
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF Hour a p.		Year 20d. While at wor	Not While facto	CE OF INJURY (Home, fa ry, street, office bidg., e	rm, 20f. (Cl	ty or town)	(Count	y)	(State)	
	21. I certify that (I) (this hospital) attended the deceased from										
	22a. SICNATU	349m	Am	30 M.E	. PHYS.	MED.	STAFF PHYS.	22b. OAT	Ton6	6	
	22c. PHYSICT	ype) Dr. B. L	. Gran	t	22d. ADDRESS Oakland	, Maryla	and				
23a.	BURIAL, CREM REMOVAL (SO	MATION, 23b. OATE 1/12/6		23c. NAME OF CEMETERY Hillcrest BW	rial Park	Cumb	TION (City, to	Mary	land	State)	
24.	H. Wa	yne George	Cumbe	ADDRESS rland, Md.	25a. REC	1 2 196	1001	GISTRAR'S	SICNATURE		

VR AI5 (4) 20M 1/65 COTOR OF THE STATE OF THE STATE

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Annual of the color of the colo

FOR STATE TO DEPUTY CALICAL EXAMINER: This certificate should be executed within 24 hours after death. If any vis necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pases 17. and 3 to the functor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00773 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00756

V. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before edmission
Garrett	e. STATE W. Va. Mir	anal
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN	1b c, CITY OR TOWN (If outside corporete limits, write RURAL and	give neerest town)
write RURAL end give neerest town) 3 mi. Vest of Ploomington, Md. Minutes	Value and	200
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give streat address)	d. STREET ADDRESS	. IS RESIDENCE
d. Traine of the Strike on Matthe Matter (a not in nospital, give sites address)	G. STREET MODILESS	ON A FARM
Rura l	115 N. Main St.	YES NO K
3. NAME OF First Middle DECEASED	Lest 4. DATE Month OF	Day Year
(Type or print) Luther B.	DEATH	10. 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1)	
Male White WIDOWED DIVORCED W	last birthday) Months D	eys Hours Min.
		EN OF WHAT COUNTRY
done during most of working life, even if retired)	77	
Engineer B&O Rail Road	West Virginia	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles L. Wotring	Unknown	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	17. INFORMANT Address	
(Yes, no, or unkown) (Ifyesgive were reference) Yes WW 11 217-10-1449	1. 1. V P 1 Huntter	ville, Md.
Yes WW 11 277-7()-7449 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Sandra K. French Hyatts	I INTERVAL BETWEEN
	TAMTAN	QNSET AND DEATH
(MMEDIATE CAUSE (+)	1.6 L L ON	
800 X DUE TO		
Conditions, if any, which (b) BLOOD I	IN BRONCHI, PERFORATION OF LUNG	MINUTES
gava rise to immediate cause		
(a), staling the undarlying Cause fest.	JRED RIBS, LEFT	HII UILI
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(e) 19. WAS AUTOPSY
PART II. OTHER SIGNATIONS CONTINUES TO BEATTH SO	THO TREATED TO THE TERMINAL DISEASE CONDITION OF ENTINY AND	PERFORMED?
3		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTIO	ED. (Enter nature of injury in Part I or Part II of item 18.)	
CAUSE OF DEATH. ENGINEER IN DI	ERAILED ENGINE	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	. PLACE OF INJURY (Homa, farm, 20f. (City or town) (Coun	ty) (Stata)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. While Not While at work at work at work	RAILROAD - 5 Mi. We t. Bloomin ton.	rrett,
Pillin Carlo		
21. I certify that I took charge of the remains described above		and in my opinion
death resulted from: Natural causes , Accident ,	Suicide, Homicide, Undetermined manner	
X	CHIEF MEDICAL EXAMINER	
SIGNATURE A Tenter	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	DEPUTY MEDICAL EXAMINER TO January 10	, 1966
NAME (T/pe) James H. Feaster, Jr, M.D	Address (Street, city, town, or county) Octoland,	Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER		(State)
REMOVAL (Spacify)		
Burial 14 Jan 66 Arlington No	ational Ft. Myer. 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	Va.
23. FUNERAL DIRECTOR ADDRESS	444	
allen M. Kotuck Kovser. W. V.	a. ISLAN 14 1966 Actionles	Judge

The state of wielenin Bearwa chartes t. Intring AND AND COMMENTS 17 explot to Jan 65 Activation estimates the every We see the season, we see that the seed of